



Minnesota Department of Commerce
Consumer Protection and Education Division
85 7th Place East, Suite 500
St. Paul, MN 55101
651.282.5064 (tel)
651.296.4328 (fax)

SECURITIES

(This form is only for the use of Minnesota residents.)

Thank you for contacting the Minnesota Department of Commerce's Consumer Protection and Education. Please provide the information requested below and allow sufficient time for us to complete our inquiry. A copy of this form and any or all information you provide may be sent to the party complained against.

1. Complainant

Your Name:

Street Address:

City:

State:

Zip Code:

Home Phone:

Day Time Phone:

Email Address:

Date of Birth:

2. Who is the complaint against?

Name of Company, Person, etc.:

Street Address:

City:

State:

Zip Code:

Name of Company, Person, etc.:

Street Address:

City:

State:

Zip Code:

Name of Company, Person, etc.:

Street Address:

City:

State:

Zip Code:

How long have you known the party you are bringing this complaint against?

How and when did you first hear of the investment opportunity (e.g. advertisement in Wall Street Journal, telephone solicitation or Internet contact)?

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Ú[^]æ[^]Á[!] çã[^]Á[@]Á^æÁ[^] of investment, amount invested, and type of investment (i.e., stock, bonds, limited partnership, note, viatical settlement, contract, etc.)

What was the source of the funds used for this investment?

Have you contacted the business or person regarding your complaint? Yes No

If yes, person(s) contacted:

Results of contact:

Have you filed this complaint with another law enforcement or consumer protection agency? (If so, who?)

Please estimate your net worth including autos and house.

\$10,000 – \$25,000

\$50,000 – \$100,000

\$150,000 – \$200,000

\$25,000 – \$50,000

\$100,000 – \$150,000

\$200,000 – or more

What was your investment objective at the time of the investment (safety of principal, growth, income, speculation?). Please explain.

Please explain, in detail, your previous investment experience. Indicate types of investments, amount invested and dates invested.

Mutual Funds	\$	Number of years
Stocks	\$	Number of years
Municipal Bonds	\$	Number of years
Commodities	\$	Number of years
Options	\$	Number of years
Other (specify)	\$	Number of years

Did you rely on the business or financial experience of someone other than yourself?

Yes No If yes, who? Please give further details and provide contact information, if you have it.

Are you an accredited investor? Yes No Don't know

Please provide any and all documents (copies are okay) relative to this complaint (such as Advertising materials, Agreement/Contact, Promissory Note (if applicable), Cash Receipt(s), Cancelled Check(s) (front and back), Brochures/Prospectuses, etc.)

List the names, addresses and phone numbers of other individuals who may have invested, or may have further knowledge of the investment.

In a brief statement, tell us the full story beginning with the date of the first contact to present. Keep dates of events in sequence and include misrepresentations. Include full names of all witnesses present during the transaction(s). Be factual. Keep in mind "Who, What, Where and When." Attach extra sheets if necessary.

I hereby affirm that the foregoing statements and photocopies of all attached documents are true and correct.

Date

Signature of Complainant

Mail written complaints to:

Minnesota Department of Commerce
Attn: Consumer Protection and Education Division
85 7th Place East, Suite 500
St. Paul, MN 55101